

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 728514 (1)

1. Corporation Name
QUAIL RUN OF SUNRISE UNIT ONE ASSOCIATION, INC.



| | | | |
|--|---------------------|--|----|
| Principal Place of Business | | Mailing Address | |
| % BERGMAN, MARTIN & COMPANY 1 SW 129 AVENUE, SUITE 402 PEMBROKE PINES FL 33027 | | % BERGMAN, MARTIN & COMPANY 1 SW 129 AVENUE, SUITE 402 PEMBROKE PINES FL 33027 | |
| 2. Principal Place of Business | 2a. Mailing Address | 21 | 28 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 30 |

3. Date Incorporated or Qualified
12/31/1973

4. FEI Number
59-1593034

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CANOVA, MAGGIE
7502 NW 30TH PLACE APT.
308
SUNRISE FL 33313**

10. Name and Address of New Registered Agent

81 Name **SHEAMAN & SHERMAN Accounting**

82 Street Address (P.O. Box Number is Not Acceptable)
**4500 N. State Rd 7 -
SUITE 101**

83

84 City **Fort Lauderdale** FL 85 Zip Code **33319**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE **3/21/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | INFANTINO, MARILYN | 1.2 NAME | CARLISI DIANE |
| STREET ADDRESS | 7502 NW 30TH PL #414 | 1.3 STREET ADDRESS | 7500 NW 30th Pl #404 |
| CITY-ST-ZIP | SUNRISE FL 33313 | 1.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| TITLE | VPD | 2.1 TITLE | VPD |
| NAME | FRENIER, FREDERICK | 2.2 NAME | CHIAPETTA Pat |
| STREET ADDRESS | 7502 N.W. S. PL. | 2.3 STREET ADDRESS | 7502 30th Pl #116 |
| CITY-ST-ZIP | SUNRISE FL | 2.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| TITLE | T | 3.1 TITLE | Secretary |
| NAME | CANOVA, MAGGIE | 3.2 NAME | INFANTINO MARILYN |
| STREET ADDRESS | 7500 NW 30 PL, #308 | 3.3 STREET ADDRESS | 7502 NW 30th Pl - #414 |
| CITY-ST-ZIP | SUNRISE FL 33313 | 3.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| TITLE | | 4.1 TITLE | DRITULE TONY |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 7500 NW 30th Pl-424 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|------------------------|
| 1.1 TITLE | PD |
| 1.2 NAME | CARLISI DIANE |
| 1.3 STREET ADDRESS | 7500 NW 30th Pl #404 |
| 1.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| 2.1 TITLE | VPD |
| 2.2 NAME | CHIAPETTA Pat |
| 2.3 STREET ADDRESS | 7502 30th Pl #116 |
| 2.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| 3.1 TITLE | Secretary |
| 3.2 NAME | INFANTINO MARILYN |
| 3.3 STREET ADDRESS | 7502 NW 30th Pl - #414 |
| 3.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| 4.1 TITLE | DRITULE TONY |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 7500 NW 30th Pl-424 |
| 4.4 CITY-ST-ZIP | SUNRISE FLA 33313 |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3-21-98**

CR2E037 (10/97)